

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
OCT 28 2015
Bayfield Co. Zoning Dept.

Permit #: 15-0447
Date: 11-13-15
Amount Paid: \$75
Refund: 11-13-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Robert WALTERS
Address of Property: 24235 Dybedale RD
City/State/Zip: MASON WIS 54856
Contractor: SELF
Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone: _____
Agent Mailing Address (include City/State/Zip): _____
Plumber Phone: _____
Plumber: _____
Written Authorization Attached: ☐ Yes ☐ No

PROJECT LOCATION: Legal Description: (Use Tax Statement) Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: _____
w 1/4, w 1/2 NE 1/4 301P, 217
Section 24, Township 43 N, Range 06 W Town of: Grand View
Lot Size: _____ Acreage: 35.6

PLN: (23 digits)
04-021-2-45-06-24-102-000
Recorded Document: (i.e. Property Ownership) Volume: _____ Page(s): _____

☐ Shoreland ☒ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue -->
Distance Structure is from Shoreline: _____ feet
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->
Distance Structure is from Shoreline: _____ feet

Is Property in Floodplain Zone? ☐ Yes ☐ No
Are Wetlands Present? ☐ Yes ☐ No

Value at Time of Completion * include donated time & material

Project # of Stories and/or basement Use # of bedrooms What Type of Sewer/Sanitary System is on the property? Water

☒ New Construction ☒ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City
☐ Addition/Alteration ☐ 1-Story + Loft ☒ Year Round ☐ 2 ☒ (New) Sanitary Specify Type: SF ☐ Well
☐ Conversion ☐ 2-Story ☐ 3 ☐ Sanitary (Exists) Specify Type: _____
☐ Relocate (existing bldg) ☐ Basement ☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)
☐ Run a Business on Property ☐ Foundation ☒ None ☐ Portable (w/service contract)
☐ Property ☐ Foundation ☐ Compost Toilet ☐ None

Existing Structure: (if permit being applied for is relevant to it) Length: 32 Width: 24 Height: 12
Proposed Construction: Length: 32 Width: 24 Height: 12

Proposed Use: ☒ Residential Use ☐ Commercial Use ☐ Municipal Use

Proposed Structure: Principal Structure (first structure on property) Dimensions: _____ Square Footage: _____
Residence (i.e. cabin, hunting shack, etc.) _____
with Loft _____
with a Porch _____
with (2nd) Porch _____
with a Deck _____
with (2nd) Deck _____
with Attached Garage _____
Bunkhouse w/ ☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities) _____
Mobile Home (manufactured date) _____
Addition/Alteration (specify) _____
Accessory Building (specify) Garage _____
Accessory Building Addition/Alteration (specify) _____

Rec'd for Issuance: _____
NOV 13 2015
Special Use: (explain) _____
Conditional Use: (explain) _____
Other: (explain) _____

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I, the undersigned, hereby acknowledge that the information provided on this application is true and correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent as county officials charged with administering county ordinances to have access to the above described property at an reasonable time for the purpose of inspection.

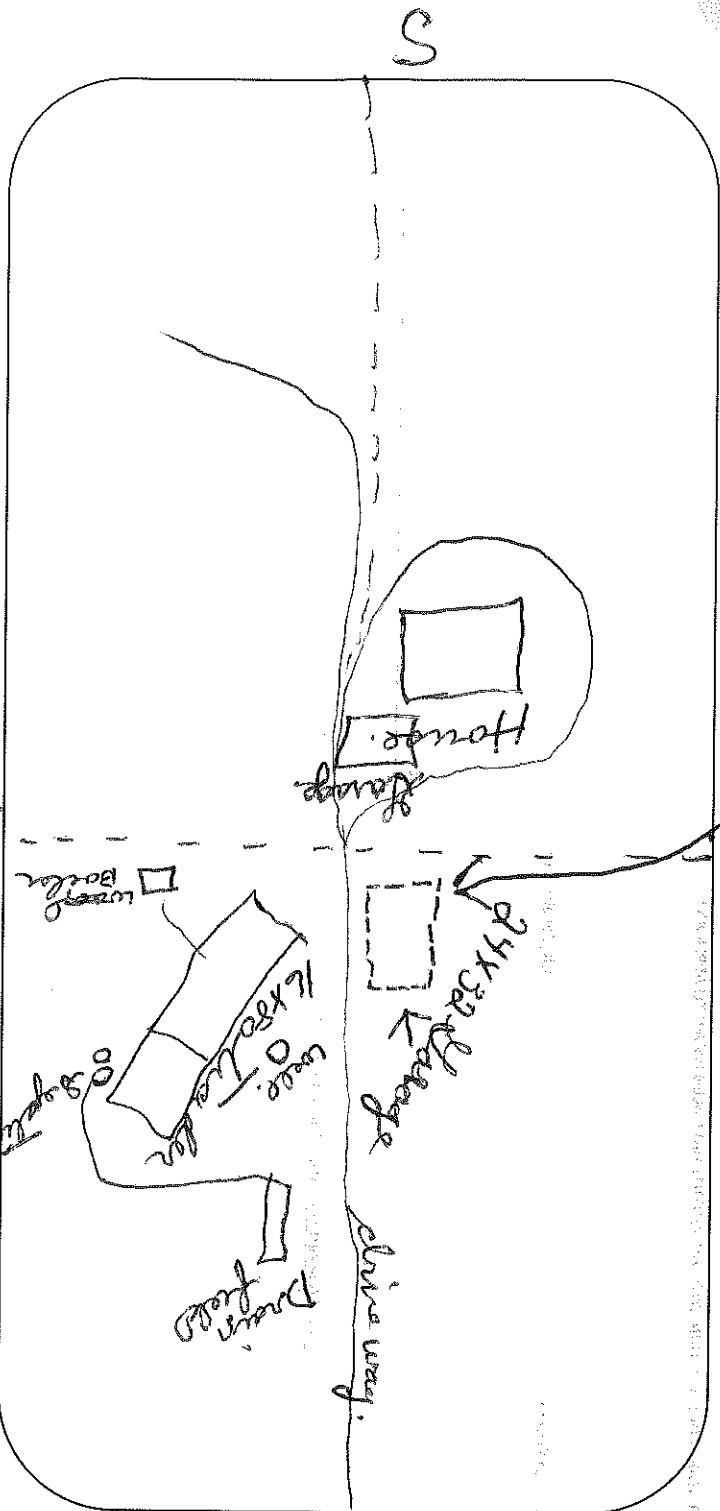
Owner(s): Robert Walters, Marka Mottet Date: 10-26-15
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: _____ Attach
Copy of Tax Statement
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction:**
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*): All Existing Structures on your Property
(4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show: (*) Lake; (*) River; (*) Stream/Creek or (*) Pond
(6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):



Please complete (1) - (7) above (prior to continuing)

(8) **Setbacks:** (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	135' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	135' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	135' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	210' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	460' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 15-0447		Permit Date: 11-13-15					
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)		Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record:							
Setback from the Centerline of Platted Road		135'		Setback from the Lake (ordinary high-water mark)		Feet	
Setback from the Established Right-of-Way		Feet		Setback from the River, Stream, Creek		Feet	
Setback from the North Lot Line		135'		Setback from the Bank or Bluff		Feet	
Setback from the South Lot Line		135'		Setback from Wetland		Feet	
Setback from the West Lot Line		210'		20% Slope Area on property		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setback from the East Lot Line		460'		Elevation of Floodplain		Feet	
Setback to Septic Tank or Holding Tank		Feet		Setback to Well		Feet	
Setback to Drain Field		Feet					
Setback to Privy (Portable, Composting)		Feet					

Date of Inspection: 11-13-15 Inspected by: J. J. R. R.

Condition(s) Town, Committee or Board Conditions Attached? ☐ Yes ☒ No (if No, why need to be attached)

Not for human habitation

No water under pressure

Signature of Inspector: J. J. R. R.

Hold For Sanitary: ☐ Hold For TBA: ☐ Hold For Affidavit: ☐ Hold For Fees: ☐

Date of Approval: 11-13-15